• ·								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10710689					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OF		R THAN ENTITY	
TOTAL CLAIMS			10					RATE	FE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.	00 OF	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			(0 minus 20=		• 0			X\$ 9=	:	OF	XS18=		
INDEPENDENT CLAIMS			\					X43=		OF	X86=		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OF		·	
• If	the difference	in column 1 is	less than z	ss than zero, enter "0" in column 2				TOTAL	34	OF	<u> </u>		
/ / CLAIMS AS AMENDED - PART II									- <u>- 70.</u>		OTHER	THAN	
- (	15/05/03	(Column 1)	(Column 2			(Column 3)		SMAL	L ENTIT	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI TIONA FEE	L.	RATE	ADDI- TIONAL FEE	
	Total	- 18	Minus	- 20	'/	- /		X\$ 9=		OR	X\$18=		
	Independent	· 2	Minus	3	<u> </u>	- /		X43=	17	OR	X86≖		
	FIRST PRESE	NTATION OF MI	DETIPLE DET	PENDENT	CLAIM			+145=	17	OR	+290=		
							L	TOTA		OR	TOTAL		
	•	(Column 1)		(Colum	າກ 2)	(Column 3)	A	DDIT. FE	E		ADDIT. FEE		
51		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		-		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		•	·	X43=		OR	X86≃		
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	ENDENT	CLAIM	<u>   _  </u>		+145=		OR	+290=		
							L	TOTAL		OR	TOTAL	•	
		(Column 1)	•	(Colum	n 2)	(Column 3)	. A	DDIT. FEE			ADDIT. FEE	;	
WEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE	-]	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	,	•		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***			1	X43=		OR	X86=	·	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			. 4 45	<del>                                     </del>				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145= TOTAL		OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE										OR ,	ADDIT. FEE		
		ber Previously Paid					foun	d in the ap	propriate b	ox in col	umn 1.	.	